# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

**SERIAL NO.** 10/568512

**FILING DATE**

**APPLICANT(S)**

## CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | 1 | | | |
| 3 | 1 | | 1 | | | |
| 4 | | 3 | | 1 | | |
| 5 | | 2 | | | | |
| 6 | | 1 | 1 | | | |
| 7 | 1 | | 1 | | | |
| 8 | 1 | | | | | |
| 9 | | 2 | | 1 | | |
| 10 | | 3 | | 1 | | |
| 11 | 1 | | | | | |
| 12 | | 1 | | | | |
| 13 | | 2 | | | | |
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| TOTAL IND. | | | 5 | | | |
| TOTAL DEP. | | 14 | | | | |
| TOTAL CLAIMS | | | 19 | | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

PTO - 1360 (REV. 11/04)